

## **SECTION IX: ADDENDA**

Addendum A: Rhode Island General Law 40-8-18

Addendum B: Department of Human Services Local Offices

Addendum C: Social Security Administration Contact Information

Addendum D: Department of Human Services Long Term Care Offices (for Katie Beckett applications)

Addendum E: Trading Partner Agreement Form

Addendum F: LEA Provider Linkage Form

Addendum G: Sample Certification of Funds Letter

Addendum H: Sample Log

Addendum I: Single Claim Adjustment form ***and*** Multiple Claims Adjustment Form

Addendum J: Procedure Codes, Rates and Diagnosis Codes

Addendum K: Sample Expanded Behavioral Health Care Plan and Progress Notes

Addendum L: Health Insurance Portability and Accountability Act Frequently Asked Questions (FAQ)

Addendum M: Frequently use Acronyms

## ADDENDUM A

### Rhode Island General Law 40-8-18

**§ 40-8-18 Local Education Agencies as EPSDT providers.** – (a) It is the intent of this section to provide reimbursement for early and periodic screening, diagnosis and treatment (EPSDT) services through local education agencies for children who are eligible for medical assistance. A local education agency's participation as an EPSDT provider is voluntary. Further, it is the intent that collaboration among the department of human services (DHS), the department of elementary and secondary education and local education agencies (LEAs) will result in state and local funds being used to maximize federal funding for such EPSDT services.

(b) The services available to eligible children under Title XIX of the Social Security Act for early and periodic screening, diagnosis and treatment (EPSDT) may be provided by local education agencies.

(c) Voluntary participation as an EPSDT provider shall require the local education agency to provide the state match to obtain federal financial participation for EPSDT services and associated administrative costs by certifying to the department of human services that sufficient qualifying local funds (local certified match) have been expended for such services and administrative costs; provided, however, that a local education agency shall not be required to provide local certified match for those EPSDT services for which the department of human services, or another state agency, agrees to provide the state match to obtain federal financial participation for EPSDT services.

(2) The local certified match shall be established in the local education agency pursuant to federal Title XIX provisions. Failure of the local education agency to provide the local match shall result in the penalties described in subsection (f).

(3) The department of human services shall pay the local education agency from the federal matching funds for EPSDT services pursuant to fee schedules established by rules and regulations of the department of human services, and for associated administrative costs pursuant to administrative cost reimbursement methodologies to be approved by the federal government, upon certification of the local match by the local education agency in accordance with federal Title XIX provisions. Payments made to the local education agency pursuant to this section shall be used solely for educational purposes and shall not be made available to local communities for purposes other than education. The local fiscal effort to support education referred to in subsection (d) herein shall not be reduced in response to the availability of these federal financial participation funds to the local education agency. These federal financial participation funds must supplement, not supplant, local maintained fiscal effort to support education.

(4) For the purposes of this subsection, the term local education agency shall include any city, town, state or regional school district or the school for the deaf or the William M. Davies, Jr. career and technical high school, the Metropolitan Career and Technical Center, any public charter school established pursuant to chapter 77 of title 16 of the general laws, any educational collaborative established pursuant to chapter 3.1 of title 16 of the general laws, or the department for children, youth, and families (DCYF).

(d) Each community shall maintain local fiscal effort for education. For the purpose of this subsection, to "maintain local fiscal effort" means each community shall contribute local funds to its school committee in an amount not less than its local contribution for schools in the previous fiscal year.

(2) Further, state support for education shall not be reduced from the prior fiscal year in response to local community participation in the EPSDT program.

(e) The department of human services and the department of elementary and secondary education shall effect the interagency transfers necessary to comply with the provisions of this section. The department of elementary and secondary education and the department of human services are authorized to promulgate any and all regulations necessary to implement this section. All local school agencies becoming EPSDT providers shall be required to comply with all provisions of Title XIX, 42 U.S.C. § 1396 et seq., of the Social Security Act relative to responsibilities of a Medicaid provider.

(f) Failure of the local education agency to establish a local certified match under this law sufficient to support its claims for reimbursement of EPSDT services and associated administrative costs will result in the withholding of state funds due that community in accordance with § 16-7-31 in an amount equal to the federal financial participation funds denied by the federal government as a result thereof. The withheld funds will be transferred to the department of human services.

(g) The department of human services with the aid of the department of education shall determine which health care related services are eligible for federal Medicaid reimbursement for health related services provided by local education agencies to children eligible for early periodic screening diagnosis and treatment. The department of human services, with the assistance of the department of administration, shall also develop the following resources in furtherance of the goal of recouping the maximum amount of administrative costs associated with such services;

(1) A time study training manual, which outlines how to complete a time study by school personnel to enhance recovery of administrative costs;

(2) A claiming manual, which outlines the financial information and claim submission requirements that are needed to complete the claim.

## **ADDENDUM B**

### **RI Department of Human Services (DHS) Offices**

<b>If you live in...</b>	<b>Local DHS Office Location</b>	<b>Phone Number</b>
Coventry Cranston West Greenwich West Warwick	<b>Cranston DHS</b> Forand Building 600 New London Ave. Cranston, RI 02920	462-6500 Fax # 462-6504
Foster Scituate Johnston North Providence	<b>Johnston DHS</b> 1514 Atwood Ave Johnston, RI 02919	222-5666 Fax # 222-5684
Jamestown Newport Middletown Little Compton Portsmouth Tiverton	<b>DHS Family Center</b> 110 Enterprise Drive Middletown, RI 02842	849-6000 800-675-9397 Fax # 849-9066
East Greenwich North Kingstown Narragansett South Kingstown Exeter Charlestown Hopkinton Richmond Westerly New Shoreham	<b>North Kingstown DHS</b> 7734 Post Road North Kingstown, RI 02852	267-1030 800-862-0222 Fax # 267-1040
Central Falls Barrington Bristol East Providence Pawtucket Warren	<b>Pawtucket DHS</b> 24 Commerce Street Pawtucket, RI 02860	729-5400 Fax # 729-8756
Providence	<b>Providence DHS</b> 206 Elmwood Avenue Providence, RI 02907	222-7000 TTY 222-7032 Fax # 521-4875
Warwick	<b>Warwick DHS</b> 100 Meadow Street	736-6511 Fax # 737-6557

## **ADDENDUM B**

<b>If you live in...</b>	<b>Local DHS Office Location</b>	<b>Phone Number</b>
	Warwick, RI 02888	
Burrillville	<b>Woonsocket DHS</b>	235-6300
Glocester	450 Clinton Street	800-510-6988
Smithfield	Woonsocket, RI 02895	TTY 235-6490
North Smithfield		Fax # 235-6303
Woonsocket		
Cumberland		
Lincoln		

## **ADDENDUM C**

### **Social Security Administration Contact Information**

Regional Social Security Offices process claims for Supplemental Security Income (SSI). SSI is a program that entitles eligible recipients for medical assistance benefits and a monthly cash benefit. There are income as well as disability criteria that an individual needs to meet in order to be determined eligible for these benefits. To find out more information about the Social Security Administration or to start an application for SSI, contact the following:

- Web site: [www.ssa.gov](http://www.ssa.gov)
- Telephone
  - Toll free number 1-800-772-1213: to start an application
  - Toll-free TTY number, 1-800-325-0778: to start an application
  - Local Offices: to start an application

Social Security operates its toll-free telephone listed above from 7:00AM to 7:00PM, Monday through Friday. If you have touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays. A service option includes identifying and receiving directions to your local SSA office by entering your zip code. People who are deaf or hard of hearing may call the toll-free TTY number listed above between 7:00AM and 7:00PM on Monday through Friday. It is recommended that you have your social security number handy when you call.

#### **Local Offices:**

You may call the 1-800-772-1213 toll free number or you may contact the local Social Security Office representing your town. All of the offices listed below are open for business Monday-Friday from 9:00 AM-4:00 PM.

130 Bellevue Avenue  
Newport RI 02840  
(401) 849-3487

380 Westminster Street  
Room 318  
Providence RI 02903  
(401) 528-4501

55 Broad Street  
Pawtucket RI 02860  
(401) 724-9611

30 Quaker Lane  
1<sup>st</sup> Floor  
Warwick RI 02886-0111  
(401) 822-1463

2168 Diamond Hill Road  
Woonsocket RI 02895  
(401) 766-8423

2 Shaws Cove  
Room 203  
New London CT 06320  
(860) 443-8455

## **ADDENDUM D**

### **DHS Offices for Katie Becket Applicants**

When applying for Katie Beckett/Medicaid Assistance applicants should call their local DHS Office for their town (See list below)

<b>If you live in...</b>	<b>DHS Office for Long Term Care</b>	<b>Phone Number</b>
Providence North Providence	Providence Regional Family Center 206 Elmwood Ave. Providence, RI	Phone: 222-7371 Fax: 222-7333
East Providence Central Falls Pawtucket Barrington		Phone: 222-7000 Fax: 222-7333
Burrillville Clumberland Glocester Lincoln N. Smithfield Smithfield Woonsocket	<b>Woonsocket Family Center</b> 450 Clinton Street Woonsocket	Phone: 235-6300 Fax: 235-6479
Bristol Jamestown Little Compton Middletown Newport Portsmouth Tiverton	DHS Family Center 110 Enterprise Drive Middletown, RI 02895	Phone: 849-6000 Fax: 849-9066
Charlestown Coventry Cranston East Greenwich Exeter Foster Hopkinton Johnston Narragansett New Shoreham Richmond Scituate South Kingstown Warren Westerly West Warwick	<b>DHS Long Term Care</b> Benjamin Rush Bldg. #55 Howard avenue Cranston, RI 02920	Phone: 462-5182 Fax: 462-3034

<b>If you live in...</b>	<b>DHS Office for Long Term Care</b>	<b>Phone Number</b>
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Warwick		
West Greenwich		



## **ADDENDUM E**

### **ELECTRONIC DATA INTERCHANGE TRADING PARTNER AGREEMENT**

Based on the following recitals. The Rhode Island Department of Human Services (hereinafter referred to as “DHS”) it’s fiscal agent, Electronic Data Systems (hereinafter referred to as “EDS”), and

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**(Provider’s Full Name)**

(hereinafter referred to as “the Trading Partner”), enter into this Agreement to facilitate business transactions (“Transactions”) by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents and to assure that such Transactions are not legally invalid or unenforceable as result of this use of available electronic technologies for the mutual benefit of the Trading partners.

#### **ARTICLE I. PURPOSE**

- 1.0 EDS has developed, under the state of Rhode Island Medical Assistance Program, a paperless transaction system that will process Rhode Island Medical Assistance Program electronic transactions submitted through the designated electronic media.
- 1.2 EDS is the fiscal agent for DHS and the State of Rhode island Medical Assistance Program. Although EDS operates the computer systems through which electronic transactions flow, DHS retains ownership of the data itself. Trading Partners access the pipeline network over which the transmission electronic data occurs. Accordingly, providers are required to transport data to and from EDS. Additionally, contracted vendors and/or billing services must identify the providers they represent so that proper reporting of claims processing may occur.
- 1.3 This agreement delineates the responsibilities of EDS and its Trading partners in regard to the Rhode Island Medical Assistance Program.

#### **ARTICLE II. PARTIES**

- 2.0 **STATE OF RHODE ISLAND DEPARTMENT OF HUMAN SERVICES**  
600 New London Avenue  
Cranston, RI 02920
- 2.1 **ELECTRONIC DATA SYSTEMS CORPORATION**  
1471 Elmwood Avenue  
Cranston, RI 02910

## 2.2 **TRADING PARTNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Provider Number: \_\_\_\_\_

## **ARTICLE III. GENERAL PROVISIONS**

### 3.0 **Prerequisites**

Document Standards. Each party may electronically transmit to or receive from the other party any of the transaction sets listed in this Electronic Trading Partner Agreement (TPA), and transaction sets which the parties, by written amendment agree to add to this TPA. Electronic transmission of all data ("Documents") shall be in strict accordance with the standards set forth in this TPA and as defined by the Health Insurance Portability and Accountability Act (HIPAA)

### 3.1 **Third Party Service Providers**

3.1.1 Documents will be transmitted electronically to each party either directly or through a contracted third-party service provider. Either party may modify its election to use, not use or change a third-party service provider upon prior written notice to the other party to this TPA.

3.1.2 Each party shall be responsible for the costs of any third party service provider with which it contracts, unless otherwise set forth in this TPA.

### 3.2 **Security Procedures**

Each party shall properly institute and adhere to those security procedures including any special security procedures specified in this TPA, which are reasonably calculated to provide appropriate levels of security for the authorized transmission of documents and to protect its business records and data from improper access.

### 3.3 Termination

This TPA shall remain in effect until terminated by either by DHS or the Trading Partner with not less than thirty(30) days prior written notice to the other party. Such notice shall specify the effective date of termination and shall not affect the respective obligations or rights of the parties arising prior to the effective date of termination. If EDS determines that the submission of documents fails to conform to the paperless transactions specifications agreed to within thus TPA or relevant guidelines governing the submission of electronic transactions then EDS may, with the approval of DHS, terminate this TPA five (5) business days after the Trading partner has received a written termination notice for EDS. Additionally, the TPA will be terminated, with the approval of the State of Rhode Island, if any of the following events occur:

- a. The State of Rhode Island requests EDS to stop processing claims for the Trading Partner or its agent.
- b. The contract between EDS and the State of Rhode Island expires or terminates.

### 3.4 Modifications

This TPA constitutes the entire agreement of the parties and supersedes any previous understanding, commitment or agreements, oral or written, concerning the electronic exchange of information and or documents, all of which are hereby incorporated by reference. Any change to this Agreement will be effective only when set forth in writing and executed by all parties.

## **ARTICLE IV. CONFIDENTIALITY, PRIVACY AND SECURITY**

- 4.0 EDS and the Trading Partner will conform with all appropriate federal and state laws and regulations pertaining the confidentiality, privacy, and security applicable to each party.
- 4.1 The Trading Partner agrees to safeguard all DHS information within its possession, whether verbal, written, or otherwise, received from EDS, or acquired by the Trading partner in performance of this TAP, recognizing all such information as privileged. The use or disclosure of information concerning Rhode Island Medicaid beneficiaries shall be limited to purposes directly connected with the administration of the Rhode Island Medical Assistance Program.

## **ARICLE V. SUBMITTED CHARGES**

- 5.0 The Trading Partner attests that all services for which payment will be claimed shall be provided in accordance with all federal and state laws pertaining to the Rhode Island Medical Assistance Program.
- 5.1 The Trading partner agrees that any payments made in satisfaction of claims submitted electronically will be delivered from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution applicable under federal and state law.
- 5.2 The Trading partner shall allow EDS access to its claims data and shall make all reasonable efforts to ensure that authorized personnel will submit claims data. The Trading Partner also agrees to promptly notify DHS, through its agent EDS, any and all

erroneous payments received by the Trading partner regardless of the reason for such erroneous payments, and to promptly refund the subject erroneous payments to EDS.

- 5.3 The Trading Partner understands that all other terms and conditions of participation as set forth in the Provider Agreement Form with the Rhode Island Medical Assistance program remain in effect and unchanged by this TPA.
- 5.4 EDS, as the DHS Fiscal Agent for the Rhode island Medical Assistance Program, has been granted the authority to approve and enroll Trading partners participating in the electronic transmission of documents.

#### **ARTICLE VI TESTING**

- 6.1 Proof that transactions meet X12N4010A standards is required prior to testing. Please submit documentation with this completed TPA.

Please check one:

<b>Pre-Certification</b>		<b>Agency or Product Name:</b>
<input type="checkbox"/>	Using Provider Electronic Solutions	EDS
<input type="checkbox"/>	Certified by Independent Agency	
<input type="checkbox"/>	Translator Compliance Check	
<input type="checkbox"/>	Utilizing Certified Vendor/Clearing House	
<input type="checkbox"/>	Other (Describe)	

#### **ARTICLE VII. MEDICAL TRANSACTION STANDARDS**

##### **Rhode Island Medical Assistance Program Transaction Standards**

Selected **ASC X 12N Version 4010A** standards include, as applicable, all data dictionaries, segment dictionaries and transmission controls referenced in those standards, but include only the Transaction Sets listed in the section below. The information provided will be utilized to route transactions to the Medicaid Management Information System and back to Trading Partner directories. Remittance files (835) and Pended Claims Reports (277) will be available only to one trading partner. If authorizing one Trading partner for claims submission and another for downloads each party must complete a separate TPA.

**Check all that apply:**

<input type="checkbox"/>	837 Professional	277 Unsolicited Claim Status
<input type="checkbox"/>	837 Institutional	997 Functional Acknowledgement
<input type="checkbox"/>	837 Dental	835 Remittance Advice
<input type="checkbox"/>	270 Eligibility Inquiry	271 Eligibility Response
<input type="checkbox"/>	276 Claim Status Inquiry	NCPDP 1.1 Batch pharmacy Claim Response
<input type="checkbox"/>	NCPDP 5.1 Batch	

**Specific Software:**

<b>Software</b>	<b>Vendor</b>
Provider Electronic Solutions	EDS
Other	

**Method of Transmission:** \_\_\_\_\_

**Guidelines**

HIPAA—Health Insurance Portability and accountability Act. In the event of any conflict, HIPAA standards and implementation Guides shall control.

Please list the name(s) and phone number(s) of person(s) authorized to resolve problems regarding electronic transmissions:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail address

**ARTICLE VIII. RHODE ISLAND MEDICAL ASSISTANCE PROVIDERS**

Please list the names and the RI Medical Assistance Program provider numbers of those providers for which electronic transactions will be submitted. Each individual provider or group for whom you will be billing must sign and date the agreement below. If additional space is required to identify each provider please make copies of Article VIII.

1. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Trading partner Execution:  
TRADING PARTNER**

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Signed

---

Name

---

Title

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**DON NOT FAX**

**Please mail this certification to the  
Following Address:**

**EDS  
Attn: EDI Coordinator  
P.O. BOX 2010  
Warwick, RI 02997-2010**

## ADDENDUM F



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Dear Provider,

Thank you for your participation in the Rhode Island Medical Assistance Program. Enclosed is the Local Education Agency Provider Linkage Form to enroll as a provider within a School Department.

Please return the completed **LEA Provider Linkage Form** and a **current copy of individual's form of licensure** to:

EDS  
Provider Enrollment Unit  
P.O. Box 2010  
Warwick, RI 0287-2010

If you have any questions about the enrollment form or enrollment process, please call EDS at (401) 784-8100 or 1-800-964-6211 for in-state long distance and border communities.

Sincerely,

Provider Services

Attachments

**ADDENDUM F**

**STATE OF RHODE ISLAND**  
**DEPARTMENT OF HUMAN SERVICES**  
**LOCAL EDUCATION AGENCY PROVIDER LINKAGE FORM**

**Provider Name:** \_\_\_\_\_

**School Dept Name:** \_\_\_\_\_

**Service Location Address:** \_\_\_\_\_

**School Dept Group Provider Number:** \_\_\_\_\_

\_\_\_\_\_

**School Dept Tax Identification Number:** \_\_\_\_\_

**Provider Phone Number:** \_\_\_\_\_

**School Dept Pay to Address:** \_\_\_\_\_

**License #:** \_\_\_\_\_

\_\_\_\_\_

**Effective Date: \*** \_\_\_\_\_

**School Dept Mail to Address:** \_\_\_\_\_

**Provider Type:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature of School Department Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**For EDS Use Only**

**Census Track:** \_\_\_\_\_

**County Code:** \_\_\_\_\_

**Town Code:** \_\_\_\_\_

**Location Code:** \_\_\_\_\_

**\*Indicate the effective date the Provider began providing services for the School Department**

**\*\*\*PLEASE FURNISH A COPY OF THE CURRENT LICENSE FOR PROVIDER MEMBER LISTED\*\*\***  
**RETURN FORM TO: EDS, PO BOX 2010, WARWICK, RI 02887-2010, ATTN: PROVIDER**  
**ENROLLMENT UNIT**





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Dear School Department,

Thank you for your participation in the Rhode Island Medical Assistance Program. Enclosed is the Local Education Agency Provider Linkage Form to enroll as a provider within a School Department.

Please return the completed **LEA Provider Linkage Form** and a **current copy of individual's form of licensure** to:

EDS  
Provider Enrollment Unit  
P.O. Box 2010  
Warwick, RI 0287-2010

If you have any questions about the enrollment form or enrollment process, please call EDS at (401) 784-8100 or 1-800-964-6211 for in-state long distance and border communities.

Sincerely,

Provider Services

Attachments

**ADDENDUM G**  
**Sample Certification of Funds Letter**

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Date

Ms. Sharon Reniere  
Chief Medical Care Specialist  
Department of Human Services,  
Center for Child and Family Health  
600 New London Avenue  
Cranston, RI 02920

Dear Ms. Reniere,

I certify that sufficient state funds and/or local education funds were available in the quarter ending \_\_\_\_\_, to meet state match requirements.

Sincerely,

---

Superintendent's signature  
Superintendent's printed name  
Address  
School Department

---

Date

## ADDENDUM H

### **Fully Documented Record for Medicaid Claiming Purposes Documents listed must be retained for 7 (seven) years According to State Medicaid law**

- 1) **IEP indicating the need for a Medicaid covered service as described in the Social Security Act section 1903(c)**
- 2) **Copy of the appropriate provider licensure, certification, etc. as required by state and federal law**—as described, by service/provider type, in CFR and state regs.
- 3) **Referral/prescription, as required by state and federal law (in some states an IEP signed by an appropriate medical professional may suffice)--** as described, by service/provider type, in CFR and state regs
- 4) **Service Log:**
  - a) **Child's Name**—State Medicaid Manual 2500-2
  - b) **Provider's Name**—State Medicaid Manual 2500-2
  - c) **Date of Service**—State Medicaid Manual 2500-2
  - d) **Type of Service Provided**—State Medicaid Manual 2500-2
  - e) **Number of Service Units/Cumulative Time**—State Medicaid Manual 2500-2
  - f) **Group or Individual Setting**—when needed for reimbursement purposes
  - g) **Place of service**—State Medicaid Manual 2500-2
  - h) **Brief Description of Service (supplemented by quarterly progress note, or as often as otherwise indicated educationally/medically)**

Section 1901 of the Social Security Act is appropriated specifically to allow States to “furnish medical assistance on behalf of families with dependent children...whose income and resources are insufficient to meet the costs of *necessary medical services*” (emphasis added). States are also required in Section 1902@ to “provide for agreements with every person or institution agrees (A) to keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving medical assistance under the State plan, and (B) to furnish the State agency or the Secretary with such information, regarding any payments claimed by such person or institution for providing services under the State plan, as the State agency or the Secretary may from time to time request.” This requirement is also reiterated in CFR Section 431.107, which describes “Required provider agreement.”

- 5) **Documentation that services are being appropriately provided, as applicable,” under the supervision/guidance of” and meeting all federal and state oversight requirements**
- 6) **Other appropriate documents kept by schools, such as: child attendance records, school operating calendars (including snow days and other unscheduled school closings), or employee attendance record, etc. when available.**
- 7) **Other state specific or professional association requirements, as applicable.**

**School Based Medicaid Service Description Slip**  
**DIRECTIONS**

**School/Billing Unit**

*This line should capture both the name of the school and the Medicaid ID number that the school or administrative unity uses to bill the Medicaid program.*

**Service Period, Year:**

*This line indicates the evaluation period during which these services are delivered. For example, if you are operating under a quarterly evaluation system you may want to record this as Quarter One, 2002/2003 School Year. Alternatively, if these forms are to be submitted on a monthly basis (for billing purposes) you may want to record simply the month and year.*

**Student Name:**

*This line should include the child's complete, legal name.*

**Date of Birth**

*This line should record the child's complete date of birth*

**Provider Name:**

This line should capture the complete name of the medical professional (or paraprofessional) that is actually delivering services to the child. This individual is responsible for completing this form completely and accurately and his/her signature attests to the validity of the documentation.

**Provider Type:**

*This line should record the professional capacity of the medical provider. For example, one would record here "licensed physical therapist" or "physical therapy assistant." If the provider type is paraprofessional, it is imperative that the supervisory professional (under whose direction the paraprofessional is providing services) review and co-sign the service description slip and clearly state their professional affiliation.*

*Diagnosis:*

*A medical diagnosis is necessary for billing the Medicaid program. The child's primary special education disability will suffice. This is true even if the diagnosis on the claim form does not seem directly related to the service being provided so long as the service being provided is clearly articulated in the child's Individualized Education Program.*

*Date:*

*This column should indicate the date a Medicaid service is provided to the child. This entry should be included every time a service is delivered.*

*Activity/Procedure Note or Code:*

*In this area, the provider should write a short description of the service provided to the child on that date. Providers should use their professional judgment to create a brief note that adequately documents the nature/extent of the service provided.*

*Small Group/Large Group/Individual*

*Reimbursement for school based services may be dependent on the setting in which the services were provided. In accordance with state specifications, please indicate if the service was delivered to the child on an individual basis or in a small group*

*Time or Number of Service Units (Cumulative):*

*This column captures the quantity of service provided to the child. This can be recorded as an amount of time (20 minutes) as a unit of time rounded according to state direction (in 15 minute increments, for example), or as a service unit (3 units, for example, may represent 45 minutes of service). This line can capture the cumulative time/units the provider spend delivering services over the course of the day.*

*Quarterly Progress Note (or as otherwise medically or educationally indicated):*

*The inclusion of a progress note is imperative to document the medical necessity of the service provided and billed to Medicaid. The state Medicaid agency is only permitted to pay for services that are medically necessary. If the progress note required by the Department of Education captures the medical necessity and progress of this child, it may be used for Medicaid service description purposes. If not it is essential that the provider compose a separate progress note valuation the child's medical progress and need for continual care. This evaluation can, to minimize administrative burden, be completed in coordination with other evaluations as required by IDEA. In such cases, it should be completed quarterly or as often as the child's non-disabled peers are evaluated academically. There should also be a mechanism for more frequent evaluations if there are significant changes in the child's condition..*

*Signatures:*

*By signing his/her name to this document, the service provider is attesting to the veracity of the record. The medical professional/paraprofessional is assuring that services were provided in accordance with all relevant state and federal law and within professional standards/guidelines. He/she is verifying that all entries are accurate records of Medicaid billable services provided to the appropriate Medicaid beneficiary. This form is a legally binding document, the submission of which will lead to an expenditure of state and federal dollars.*

*When applicable, services may be provided "under the direction of" a certified licensed health care professional. In such situations, each patient's care must be under the supervision of a*

qualified professional (as indicated by federal/state law) who is directly affiliated with the entity providing the billed medical services. To meet this requirement the supervising certified/licensed professional must see the patient at least once, prescribe the type of care provided, and periodically review the need for continued services. He/she must assume professional responsibility for the services provided and assure that such services are medically necessary. The concept of professional responsibility implicitly supports face-to-face contact by the supervising certified/licensed at least at the beginning of the treatment and, in addition, during the delivery of services. By signing this form, the supervising medical professional is assuring that the above conditions have been met and are, in fact, assuming responsibility for the child's care.

## ADDENDUM H

**RI DEPARTMENT OF EDUCATION**  
**School Year 2004-2005**

## **SPECIAL EDUCATION CENSUS**

SERVICE LOG

TEACHER:

SERVICE:

MONTH:

<b>Last</b>	<b>First</b>	<b>D.O.B</b>	<b>Time/unitsService</b>	<b>Date of Service</b>	<b>Time in Minutes</b>
-------------	--------------	--------------	--------------------------	------------------------	------------------------

DIRECTIONS: ENTER THE DATE(S) YOU SAW THIS STUDENT AND  
THE TYPE OF SERVICE THAT YOU PROVIDED

-----  
KEY FOR

G = GROUP THERAPY

I = INDIVIDUAL THERAPY

E = EVALUATION

C = CASE MANAGEMENT

=====

COMMENTS/PROGRESS NOTES

SIGNATURE:

DATE:

## **ADDENDUM I**

**Single Claim Adjustment Form**

**&**

**Multiple Claims Adjustment Form**



ADDENDUM I

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES  
MEDICAL ASSISTANCE PROGRAM  
SINGLE ADJUSTMENT REQUEST FORM

1. CLAIM INTERNAL CONTROL NUMBER														Detail No.				EDS USE ONLY									
2. RECIPIENT NAME														3. RECIPIENT MEDICAL ASSISTANCE NUMBER													
4. PROVIDER NAME AND ADDRESS														5. FROM DOS				6. TO DOS									
														7. BILLED AMT.				8. PAID AMOUNT				9. R/A DATE					
10. PLEASE SPECIFY REASON FOR ADJUSTMENT																											
IMPORTANT: THIS ADJUSTMENT WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED AND THE APPROPRIATE REMITTANCE ADVICE IS ATTACHED																											
11. SIGNATURE														CONTACT NUMBER										DATE			
****EDS USE ONLY****																											
EXAMINER														DATE				ACTION TAKEN									
REMARKS:																											
MAIL TO: EDS ADJUSTMENTS P.O. BOX 2010 WARWICK, RI 02887-2010																											

## ADDENDUM I

### RHODE ISLAND DEPARTMENT OF HUMAN SERVICES MEDICAL ASSISTANCE PROGRAM

#### MULTIPLE ADJUSTMENT REQUEST FORM

1. PROVIDER NAME: _____				
2. PROVIDER NUMBER: _____				
3. REASON FOR ADJUSTMENT (MUST BE SAME FOR ALL ATTACHED):				
EDS USE ONLY	4. CLAIM INTERNAL CONTROL NUMBER	5. MEDICAL ASSISTANCE RA DATE	6. RECIPIENT NAME FIRST/LAST	7. RECIPIENT MEDICAL ASSISTANCE NO.
0				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
IMPORTANT: THIS ADJUSTMENT WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED AND THE APPROPRIATE REMITTANCE ADVICE IS ATTACHED.				
SIGNATURE			CONTACT NUMBER                      DATE	
****EDS USE ONLY****				
EXAMINER		DATE		ACTION TAKEN
REMARKS:				
MULTIPLE ADJUST FORM				

MAIL TO:  
EDS  
ADJUSTMENTS  
P.O. BOX 2010  
WARWICK, RI 02887-2010

## ADDENDUM J

### SPECIAL EDUCATION PROGRAM MMIS CODES, UNITS, RATES April 2004

<u>HCPCs</u>	<u>SERVICES</u>	<u>Unit</u>	<u>Rate</u>
X0201	Physical Therapy Evaluation	1 Hour (min. 31min.)	\$ 85.00
X0202	Ind. P.T. W/Licensed PT	1/2 Hour (min. 20 min.)	\$ 29.00
X0203	Ind. P.T. Program	1/2 Hour (min. 20 min.)	\$ 24.00
X0204	P.T. Program-Group	1/2 Hour (min. 20 min.)	\$ 19.00
X0205	Occupational Therapy Evaluation	1 Hour (min. 31min.)	\$ 85.00
X0206	Ind.O.T. W/Licensed OT.	1/2 Hour (min. 20 min.)	\$ 29.00
X0207	Ind. O.T. Program	1/2 Hour (min. 20 min.)	\$ 24.00
X0208	O.T. Program-Group	1/2 Hour (min. 20 min.)	\$ 19.00
X0209	Speech, Hearing, Lang. Evaluation	1 Hour (min. 31min.)	\$ 85.00
X0210	Ind. S.H.L. w/Speech Lang. Pathologist	1/2 Hour (min. 20 min.)	\$ 29.00
X0211	Ind. S.H.L. Program	1/2 Hour (min. 20 min.)	\$ 24.00
X0212	S.H.L. Program/Group	1/2 Hour (min. 20 min.)	\$ 19.00
X0521	Psychiatric Evaluation	Completed Evaluation	\$135.00
X0525	Psychological Evaluation	Completed Evaluation	\$120.00
X0529	Social Worker Evaluation	Completed Evaluation	\$ 85.00
X0523	Psychiatric Counseling	1/2 Hour (min. 20 min.)	\$ 45.00
X0527	Psychological Counseling	1/2 Hour (min. 20 min.)	\$ 40.00
X0531	Social Worker Counseling	1/2 Hour (min. 20 min.)	\$ 30.00
X0222	Guidance Counselor Counseling	1/2 Hour (min. 20 min.)	\$ 29.00
X0223	Counseling Services-Group	1/2 Hour (min. 20 min.)	\$ 20.00
X0221	Nursing Services	1/2 Hour (min. 20 min.)	\$ 25.00
X0213	Residential Placement Less Education & R. & B.	1 unit equals 1 day	M.A. Approved Cost
X0220	Transportation	Individual For A Round Trip	\$ 10.00
X0215	Non-Medical Case Mgt	1/2 hour (min. 15 min.)	\$ 35.00
X0650	Medical Case Mgt	1/2 hour (min. 15 min.)	\$ 35.00
X0216	Personal Care	1/2 hour (min. 20 min.)	\$ 10.00
X0217	Day Program Services	1 unit equals 1 day	M.A. Approved Cost Less Education
X0226	Assistive Technology Device	1 unit equals 1 device	Variable Rate
X0227	Assistive Technology Service	1/2 hour (min. 20 min.)	\$ 25.00
X0229	Child Outreach Screening	Completed screening	\$ 60.00
X0239	Child Outreach Rescreening	Completed screening	\$ 25.00

## **ADDENDUM J**

### **Primary Special Education Diagnoses and Codes**

<b>Primary Special Education Diagnosis</b>	<b>Code</b>
<b>Speech or Language Disorder</b>	<b>V401</b>
<b>Learning Disabled</b>	<b>V400</b>
<b>Behaviorally Disordered</b>	<b>V403</b>
<b>Developmentally Delayed</b>	<b>V793</b>
<b>Mentally Retarded</b>	<b>V402</b>
<b>Orthopedically Impaired</b>	<b>V495</b>
<b>Autistic</b>	<b>V409</b>
<b>Traumatic Brain Injury</b>	<b>V488</b>
<b>Other Health Impaired</b>	<b>V419</b>
<b>Deaf/Blind</b>	<b>V418</b>
<b>Hearing Disabled/Deaf</b>	<b>V412</b>
<b>Hearing Disabled/Hard of Hearing</b>	<b>V413</b>
<b>Blind or Visually Impaired</b>	<b>V410</b>
<b>Multi-Handicapped</b>	<b>V498</b>
<b>Other</b>	<b>V705</b>

#### **Claiming Hints**

- **Use whole units: do not use fractions**
  - **Minimum length of time for case management half hour unit is 15 minutes**
  - **Minimum length of time for all other services half hour units is 20 minutes**
  - **Minimum length of time for hour evaluations (PT, OT, SLP) is 31 minutes**
- **Complete each unit and fee entered with a number-do not use dittos**
- **Use complete from and to date of service in 6-digit MMDDYY format**

**ADDENDUM J****PHYSICAL THERAPY SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0201</b>	<b>Physical Therapy Evaluation</b>	<b>1 unit equals 1 hour (Minimum time to qualify is 31 minutes per session)</b>	<b>\$85.00 per hour</b>	<b>Physical Therapist licensed by the Department of Health</b>
<b>X0202</b>	<b>Individual physical therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$29.00 per ½ hour</b>	<b>Physical Therapist licensed by the Department of Health</b>
<b>X0203</b>	<b>Individual physical therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$24.00 per ½ hour</b>	<b>Physical Therapy Assistant (PTA) licensed by the Department of Health working under the supervision of a Licensed Physical Therapist</b>
<b>X0204</b>	<b>Small Group physical therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$19.00 per ½ hour</b>	<b>Physical Therapist licensed by the Department of Health Or Physical Therapy Assistant licensed by the Department of Health working under the supervision of a Licensed Physical Therapist</b>

**ADDENDUM J****OCUPATIONAL THERAPY SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0205</b>	<b>Occupational Therapy Evaluation</b>	<b>1 unit equals 1 hour (Minimum time to qualify is 31 minutes per session)</b>	<b>\$85.00 per hour</b>	<b>Occupational Therapist licensed by the Department of Health</b>
<b>X0206</b>	<b>Individual occupational therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$29.00 per ½ hour</b>	<b>Occupational Therapist licensed by the Department of Health</b>
<b>X0207</b>	<b>Individual occupational therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$24.00 per ½ hour</b>	<b>Certified Occupational Therapy Assistant (COTA) licensed by the Department of Health working under the supervision of a Licensed Occupational Therapist</b>
<b>X0208</b>	<b>Small Group occupational therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$19.00 per ½ hour</b>	<b>Occupational Therapist licensed by the Department of Health Or Certified Occupational Therapy Assistant licensed by the Department of Health working under the supervision of a Licensed Occupational Therapist</b>

**ADDENDUM J****SPEECH AND LANGUAGE THERAPY SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0209</b>	<b>Speech and Language Therapy Evaluation</b>	<b>1 unit equals 1 hour (Minimum time to qualify is 31 minutes per session)</b>	<b>\$85.00 per hour</b>	<b>A Speech- Language Pathologist licensed by the Department of Health Or A SLP who is certified by the RIDE</b>
<b>X0210</b>	<b>Individual speech and language therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$29.00 per ½ hour</b>	<b>A Speech- Language Pathologist licensed by the Department of Health Or A SLP who is certified by the RIDE</b>
<b>X0211</b>	<b>Individual speech and language therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$24.00 per ½ hour</b>	<b>A paraprofessional working under the supervision of a A Speech- Language Pathologist licensed by the Department of Health Or A SLP who is certified by the RIDE</b>
<b>X0212</b>	<b>Small Group speech and language therapy session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$19.00 per ½ hour</b>	<b>A Speech- Language Pathologist licensed by the Department of Health Or A SLP who is certified by the RIDE Or A paraprofessional working under the supervision of a SLP licensed by the Department of Health Or A SLP certified by the RIDE</b>

**ADDENDUM J****PSYCHOLOGICAL EVALUATIONS**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0521</b>	<b>Psychiatric Evaluation</b>	<b>1 Unit equals the completed evaluation, including the report writing</b>	<b>\$135.00 per completed evaluation</b>	<b>Board Certified Psychiatrist (appropriate for age of student)</b>
<b>X0525</b>	<b>Psychological Evaluation</b>	<b>1 Unit equals the completed evaluation, including the report writing</b>	<b>\$120.00 per completed evaluation</b>	<b>Clinical Psychologist Licensed by the Department of Health or School Psychologist Certified by RIDE <i>and</i> is appropriately credentialed</b>
<b>X0529</b>	<b>Social Work Evaluation</b>	<b>1 Unit equals the completed evaluation, including the report writing</b>	<b>\$85.00 per completed evaluation</b>	<b>LICSW by the DOH or School Social Worker certified by RIDE <i>and</i> is appropriately credentialed</b>



**ADDENDUM I****PSYCHOLOGICAL COUNSELING SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0523</b>	<b>Psychiatric Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$45.00 per ½ hour session</b>	<b>Board Certified Psychiatrist (appropriate for age of student)</b>
<b>X0527</b>	<b>Psychological Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$40.00 per ½ hour session</b>	<b>Clinical Psychologist Licensed by the Department of Health or School Psychologist Certified by RIDE <i>and</i> is appropriately credentialed</b>
<b>X0531</b>	<b>Social Worker Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$30.00 per ½ hour session</b>	<b>LICSW by the DOH or School Social Worker certified by RIDE <i>and</i> is appropriately credentialed</b>
<b>X0222</b>	<b>Guidance Counselor Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$29.00 per ½ hour session</b>	<b>School Guidance Counselor Certified by RIDE</b>
<b>X0223</b>	<b>Small group counseling session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$20.00 per ½ hour session per Medicaid eligible children</b>	<b>Small group session conducted by any of the above</b>

**ADDENDUM.I****EXPANDED BEHAVIORAL HEALTH COUNSELING SERVICES**

<b>Procedure Code with modifier</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0523 JB</b>	<b>Psychiatric Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$45.00 per ½ hour session</b>	<b>Board Certified Psychiatrist (appropriate for age of student)</b>
<b>X0527 JB</b>	<b>Psychological Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$40.00 per ½ hour session</b>	<b>Clinical Psychologist Licensed by the Department of Health or School Psychologist Certified by RIDE <i>and</i> is appropriately credentialed</b>
<b>X0531 JB</b>	<b>Social Worker Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$30.00 per ½ hour session</b>	<b>LICSW by the DOH or School Social Worker certified by RIDE <i>and</i> is appropriately credentialed</b>
<b>X0222 JB</b>	<b>Guidance Counselor Counseling</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$29.00 per ½ hour session</b>	<b>School Guidance Counselor Certified by RIDE</b>
<b>X0223 JB</b>	<b>Small group counseling session</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$20.00 per ½ hour session per Medicaid eligible child(ren)</b>	<b>Small group session conducted by any of the above</b>

**ADDENDUM J****OTHER SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0221</b>	<b>Nursing Services</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$25.00 per ½ hour service</b>	<b>Certified School Nurse Teacher or a Registered Nurse</b>
<b>X0216</b>	<b>Personal Care Services</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session)</b>	<b>\$10.00 per ½ hour service</b>	<b>Appropriately credentialed paraprofessional working under the supervision of the classroom teacher or other school staff</b>
<b>X0220</b>	<b>Transportation</b>	<b>Round trip transportation</b>	<b>\$10.00 per round trip</b>	<b>Transportation provided in accordance with federal and state law and as defined in Section V</b>
<b>X0215</b>	<b>Non-Medical Case Management</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 15 minutes per session)</b>	<b>\$35.00 per ½ hour service</b>	<b>Designated case manager within school who provides activities described in Section V of the Guidebook</b>
<b>X0650</b>	<b>Medical Case Management</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 15 minutes per session)</b>	<b>\$35.00 per ½ hour service</b>	<b>Designated case manager within school who provides activities described in Section V of the Guidebook</b>

**ADDENDUM I****OTHER SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0217</b>	<b>Day Program Services</b>	<b>1 unit equals 1 day in attendance in the program</b>	<b>Variable rate determined by the treatment costs of the individual program</b>	<b>Providers can be another Local Education Agency (LEA) or a program approved by the RIDE</b>
<b>X0213</b>	<b>Residential Treatment Program</b>	<b>1 unit equals 1 day in attendance in the program</b>	<b>Variable rate determined by the treatment costs of the individual program and the costs for room and board <i>only</i> in JCAHO accredited facilities</b>	<b>Approved residential treatment programs</b>

**ADDENDUM I****OTHER SERVICES**

<b>Procedure Code</b>	<b>Service</b>	<b>Unit</b>	<b>Rate</b>	<b>Provider Qualifications</b>
<b>X0227</b>	<b>Assistive Technology Service</b>	<b>1 unit equals ½ hour (Minimum time to qualify is 20 minutes per session</b>	<b>\$25.00 per ½ hour</b>	<b>Appropriately credentialed staff provide the service</b>
<b>X0226</b>	<b>Assistive Technology Device</b>	<b>1 unit is equal to the purchase of one device</b>	<b>Variable rate: rate is the cost of the item</b>	<b>Appropriately credentialed staff order the device</b>
<b>X0229</b>	<b>Child Outreach Screening</b>	<b>1 unit equals the completed screening</b>	<b>\$60.00 per completed screening</b>	<b>Appropriately credentialed staff perform the screening</b>
<b>X0239</b>	<b>Child Outreach Re-Screening</b>	<b>1 unit equals the completed re-screening</b>	<b>\$25.00 per completed re- screening</b>	<b>Appropriately credentialed staff perform the re-screening</b>



**ADDENDUM K**

**CHILDREN'S BEHAVIORAL HEALTH CARE/TREATMENT PLAN  
And  
PROGRESS NOTES**

**Child's Name:** \_\_\_\_\_

**Service Provider:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Presenting Problem/Diagnosis:** \_\_\_\_\_

**Plan of Treatment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intervention:**

\_\_\_\_\_

**Goals and Objectives:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Progress Notes:**

<b>DATE</b> (Month/Day/Year)	<b>COMMENTS</b>	<b>Recommendations</b>

[illegible]



## **ADDENDUM L**

### **HIPAA**

### **FREQUENTLY ASKED QUESTIONS**

Prepared by

Denise Achin, M.Ed

Medicaid Specialist

R.I. Technical Assistance Project

Rhode Island College

Judith A. Saccardo, Ed.D. Director

Prepared for

R.I. Department of Education

Thomas P. DiPaola, PhD

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### Acknowledgements

The following persons need to be acknowledged for their input and/or review of this document: Lynne Harrington (Department of Human Services), Aurora Duarte (East Providence School Dept.), Jeanne Begos (Coventry School Dept.), Kathy Magiera (Cranston School Dept.), David Kane (RITAP/RIDE), Pat Beauchamin (Barrington School Dept.), Alice Brady (Rhode Island Association of School Nurse Teachers), and Ruth Schennum (Department of Human Services).

### References:

[www.cms.hhs.gov/hipaa/](http://www.cms.hhs.gov/hipaa/)

<http://www.dhs.state.ri.us/dhs/dhipaa.htm>

“Standards for Privacy of Individually Identifiable Health Information”, OCR HIPAA Privacy, December 3, 2002, Revised April 3, 2003

### Disclaimer

The material contained in this document is intended for general information and guidance regarding the implications of the Health Insurance Portability and Accountability Act on local education agencies in Rhode Island. This document does not necessarily reflect the legal opinions of the U.S. Department of Education or its Office for Civil Rights, the U.S. Department of Health and Human Services or its Office for Civil Rights, the R.I. Department of Education, or Rhode Island College. This document is for general informational purposes only and is not intended to provide legal advice.

## **Table of contents**

<b>Background.....</b>	<b>Page 4</b>
<b>Covered Entities.....</b>	<b>Page 9</b>
<b>Family Education Rights and Privacy Act (FERPA).....</b>	<b>Page 10</b>
<b>Protected Health Information.....</b>	<b>Page 12</b>
<b>Key Definitions.....</b>	<b>Page 16</b>

## **BACKGROUND**

Q: What is HIPAA?

A: HIPAA is the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Q: What is the intent of the HIPAA law?

A: This law was passed to protect individual's rights to health insurance coverage (Portability) and to promote standardization and efficiency in the health care industry (Accountability).

Q: What is the "Portability" component of the HIPAA law?

A: The portability component of HIPAA includes important new-but limited-protections for Americans and their families. HIPAA may lower your chance of losing existing coverage, enhance your ability to switch health plans and/or help you buy coverage on your own if you lose your employer's plan and have no other coverage available. This may result in health coverage continuity for pre-existing conditions when there is a change in health insurance coverage do to a change in jobs or in new employer-sponsored coverage.

HIPAA:

- May increase your ability to get health coverage for yourself and your dependents if you start a new job;
- May lower your chance of losing existing health care coverage, whether you have that coverage through a job, or through individual health insurance;
- May help you maintain continuous health coverage for yourself and your dependents when you change jobs; and
- May help you buy health insurance coverage on your own if you lose coverage under an employer's group health plan and have no other health coverage available.

Q: What is "Administrative Simplification" within the HIPAA law?

A: HIPAA mandated that Congress, or by default the Department of Health and Human Services (HHS), establish and implement the four parts of the Administrative Simplification component of HIPAA. These are: the Privacy Rule; Security Rule; Standard transactions and code sets; and National Identifier System.

### **Privacy Rule**

Q: What are the privacy standards?

A: The HIPAA privacy standards are regulations approved by Congress to protect the privacy of protected health information (PHI) in oral, written or electronic format by covered entities. These standards set parameters for the use and disclosure of PHI. They went into effect for most providers April 14, 2003 and for small providers (those with annual receipts less than \$5 million) compliance must be met by April 14, 2004.

Q: Why is the HIPAA Privacy Rule needed?

A: In enacting HIPAA, Congress mandated the establishment of Federal standards for the privacy of individually identifiable health information. Prior to HIPAA Privacy regulations, hospitals, doctors' offices, insurers or third party payers relied on a patchwork of Federal and State laws. The Privacy Rule establishes a Federal floor of safeguards to protect the confidentiality of medical information. State laws that provide stronger privacy protections will continue to apply over and above the new Federal privacy standards.

Q: What does the HIPAA Privacy Rule create?

A: The HIPAA Privacy Rule, for the first time, creates national standards to protect individuals' medical records and other personal health information.

- It gives patients more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients' privacy rights.
- It strikes a balance when public responsibility supports disclosure of some forms of data, for example, to protect public health.

Q: What does it mean for patients?

A: It means patients being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.

- It enables patients to find out how their information may be used, and about certain disclosures of their information that have been made.
- It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure.
- It generally gives patients the right to examine and obtain a copy of their own health records and request corrections.
- It empowers individuals to control certain uses and disclosures of their health information.

## **Security Rule**

Q: What are the security standards?

A: The HIPAA Security Standards stipulate that health insurers, certain health care providers and health care clearinghouses must establish procedures and mechanisms to protect the confidentiality, integrity and availability of electronic protected health information. The rule outlines the minimum administrative, physical and technical safeguards to protect electronic protected health information in their care to prevent unauthorized access to protected health care information. The security standards work in concert with the final privacy standards adopted by

HHS in 2002. The privacy standards have been in effect for most covered entities since April 14, 2003 and small providers have an additional year to meet compliance (April 14, 2004). The two sets of standards use many of the same terms and definitions in order to make it easier for covered entities to comply. Most providers need to be compliant with the security standards by April 21, 2005 and small providers have an additional year to meet compliance (April 21, 2006).

**Q:** Do LEAs need to be compliant with the Security standards?

**A:** A review and analysis of these standards and their application to the LEAs needs to be completed. RIDE will send out notification as soon as this analysis has been done. In the meantime, it is recommended that LEAs: implement computer passwords for users who maintain protected health information, including Medicaid claims; instruct employees to turn off their computers when they leave their work stations; position computer screens away from the view of passersby; maintain electronic data in a secure manner to prevent unauthorized access from computer hackers...

## **Transactions and Code Sets**

**Q:** What are the national transactions and code sets?

**A:** National standards (for formats and data content) are the foundation of this requirement. HIPAA requires every covered/hybrid entity that does business electronically to use the same health care transactions, code sets, and identifiers. Transactions and code sets standards requirements were created to give the health care industry a common language to make it easier to transmit information electronically.

By October 16, 2003, all providers will need to utilize standard procedure and diagnosis codes when submitting claims. An extension through December 31, 2003 has been given for the conversion of state-only codes. Between October 16, 2003 and December 31, 2003, LEAs will need to utilize new HIPAA compliant software using the current MMIS (Medicaid Management Information System) codes. Effective January 1, 2004, LEAs will need to utilize the HIPAA compliant software with newly assigned HIPAA procedure codes. It is recommended that LEAs become up to date with their Medicaid claiming to decrease conversion difficulties with the new timelines.

**Q:** Why does HIPAA require national transactions and code sets?

**A:** The transactions and code sets component of HIPAA are intended to promote standardization in the Health Care industry across the country, with providers utilizing the same codes in order to simplify billing and to cut down on administrative costs.

**Q:** What is the implementation date for transactions and code sets?

**A:** All covered/hybrid entities must utilize HIPAA compliant software and national code sets by October 16, 2003. LEAs will continue to use their existing MMIS procedure codes

through December 31, 2003 and will utilize new “HIPAA” procedure codes starting January 1, 2004.

Q: Where can Rhode Island providers acquire HIPAA compliant software?

A: Free Provider Electronic Solutions (PES) software is available from Electronic Data Solutions (EDS) or providers may purchase or have software developed by private entities. This software is available once a covered entity submits an Electronic Data Interchange Trading Partner Agreement with EDS and the Department of Human Services.

Q: What are the recommended hardware requirements to use the PES?

A: The following are the recommended hardware requirements to use PES:

- Windows 2000, Windows NT or Windows XP
- 128 MB RAM
- 1024 X 768 monitor resolution
- 9600 baud rate modem or faster is preferred
- CD ROM drive
- Printer is preferred

### **Trading Partner Agreement (TPA)**

Q: What is a Trading Partner (Electronic Data Interchange-EDI) Agreement?

A: A Trading Partner (Electronic Data Interchange-EDI) Agreement is an agreement between a provider or a billing company and EDS and the DHS in order to exchange electronic data. A copy of this form and instructions to complete it are available as Addendum A or copies of the TPA can be accessed through the DHS web site at <http://www.dhs.ri.gov/dhs/hipaa/hEDI.htm>

Q: Who needs to complete a TPA?

A: Anyone who performs an electronic transaction with EDS or DHS needs to complete a TPA with the DHS and EDS. This includes:

- Any provider who verifies patient eligibility through the RI Medicaid Portal
- Any provider or billing agent who will check claim status through the RI Medicaid Portal
- Any Clearing House that bills electronically i.e., Web MD
- Any Billing Agent who will exchange data electronically
- Any provider and /or billing agents checking remittance advice payments
- *Remittance advice/files and Pended Claims reports will be available to only one trading partner.* (LEAs utilizing a billing company need to decide if they will have access or if their billing agent will have access to the Remittance files and pended claims reports).

If you have any questions about completing the TPA, call the EDS Electronic Data Interchange help desk at 1-800-399-0835 or contact Denise Achin at 1-401-222-4600 ext. 2306 or [dachin@ride.ri.net](mailto:dachin@ride.ri.net)

Q: Should an LEA complete a TPA?

A: If an LEA wants to do any of the electronic transactions listed above, then it would need to complete a TPA. If an LEA does not do any of the transactions electronically listed above, it does not have to complete a TPA. If an LEA contracts with a billing service to submit its claims, then the billing service would have to complete a TPA that is signed by the LEA. You do not need to complete a TPA if you submit claims on paper only, and do not wish to access the MMIS Web portal for any other electronic querying, e.g. eligibility, claim status, prior authorization status, or want access to a provider-specific Message Center. However, it is highly recommended that you complete a TPA for future access to these new MMIS Web portal functionalities.

### **National Identifier**

Q: What is the National Identifier?

A: HIPAA will require that health care providers, health plans, and employers have standard national numbers that identify them on standard transactions. The Employer Identification Number (EIN or TIN), issued by the Internal Revenue Service (IRS), was selected as the identifier for employers and was adopted effective July 30, 2002. The remaining identifiers are expected to be determined in 2003 with compliance not due until 2005.



## COVERED ENTITIES

Who must comply with HIPAA?

Q: Who must comply with HIPAA regulations?

A: “Covered Entities” must comply with the HIPAA regulations. Under HIPAA, a covered entity is a health care provider, a health care clearinghouse or a health plan that transmits any health information in electronic form in connection with a HIPAA electronic transaction. To determine if you are a covered entity, go to the HIPAA website at [www.cms.hhs.gov/hipaa](http://www.cms.hhs.gov/hipaa). To access the "Covered Entity Tool", click "Administrative Simplification, scroll down to "General Information" and click "Covered Entity Decision Tools”.

Q: Are Local Education Agencies (LEAs) in Rhode Island covered entities?

A: Yes, LEAs that submit claims for Medicaid reimbursement are considered hybrid [covered] entities under HIPAA law.

Q: What is a Hybrid Entity?

A: The term “hybrid entity” is used to describe an organization that has a component that is a health plan, health care clearinghouse, or a covered health care provider, and whose business activities include both covered and non-covered functions. This includes Local Education Agencies, whose covered functions are not its primary functions. While LEAs perform covered functions such as submitting claims for Medicaid reimbursement, the primary function of an LEA and most of its activities revolves around the education of students.

Q: Do LEAs need to comply with the HIPAA privacy standards?

A. *Congress specifically exempted records that are covered by the Family Educational Rights and Privacy Act (FERPA) from having to be covered also by the HIPAA privacy rule. Even though LEAs are considered hybrid entities under HIPAA, they do not need to comply with the HIPAA privacy regulations for those records covered by FERPA.*

Q: What are a Covered entity’s requirements to implement the Privacy Rule?

A: To implement the Privacy Rule, covered entities are required to: designate a privacy official and contact person; develop policies and procedures (including for receiving complaints); provide privacy training to its workforce; implement administrative, technical, and physical safeguards; develop a system of sanctions for employees; meet documentation requirements; mitigate any harmful effect of a use or disclosure of protected health information that is known to the covered entity; refrain from intimidating or retaliatory acts; and not require individuals to waive their rights to file a complaint with the Secretary or their other rights under this Rule.

## **FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)**

Q: What is the Family Education Rights and Privacy Act (FERPA)?

A: FERPA is a federal law that applies to an educational agency or institution to which funds have been made available under any program administered by the Secretary of Education (this includes all LEAs).

FERPA sets out the requirements for the protection of privacy of parents and students with respect to educational records maintained by the LEA.

Based on an analysis of applicable HIPAA Privacy Regulations, it has been determined that **education records which are subject to FERPA are exempt from HIPAA Privacy Regulations.**

Specifically, Section 164.501 of the HIPAA Privacy Regulations defines *Protected Health Information* as:

Individually identifiable health information (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; (ii) Maintained in any medium described in the definition of *electronic media* at § 162.103 of this subchapter; or (iii) Transmitted or maintained in any other form or medium. (2) *Protected health information* excludes individually identifiable health information in: (i) Education records covered by the Family Education Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer. [34 C.F.R. 164.501, Definitions]

A careful analysis of applicable HIPAA Privacy Regulations and FERPA Regulations indicates that LEAs that adhere to FERPA are exempt from the HIPAA Privacy Regulations. To understand this exemption requires a clear understanding of several definitions in FERPA.

Q: What are Educational Records as defined by FERPA 34 CFR sec. 99.3?

A: The term Educational Records defined by FERPA include:

(a) Those records that are:

- (1) Directly related to a student; and
- (2) Maintained by an educational agency or institution or by a party acting for the agency or institution.

(b) The term does not include:

- (1) Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.

Q: What is the definition of “Record” in FERPA?

A: The definition of “Record” in FERPA means any information recorded in any way, including but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche.

Q: What is the definition of “Personally identifiable information” in FERPA?

A: Personally identifiable information within FERPA includes, but is not limited to:

- (a) The student's name;
- (b) The name of the student's parent or other family member;
- (c) The address of the student or student's family;
- (d) A personal identifier, such as the student's social security number or student number;
- (e) A list of personal characteristics that would make the student's identity easily traceable;
- or
- (f) Other information that would make the student's identity easily traceable.

Q: How should LEAs maintain records that support Medicaid claiming?

A: Educational records maintained by school districts billing Medicaid through a billing agent are subject to FERPA regulations and, therefore, are not subject to HIPAA Privacy Regulations. In light of this exemption, it is especially important that each LEA strictly and fully implement the FERPA regulations and the confidentiality requirements of, IDEA and the RI Special Education regulations.

LEAs that electronically transmit records that are not subject to FERPA because they do not become educational records will be subject to the Privacy Regulations and Security Regulations of HIPAA.

NOTE: It is important to note that the FERPA regulations are currently in effect and all LEAs must be compliant with these requirements. For technical assistance, please contact the Rhode Island Department of Elementary and Secondary Education legal office at 222-2057 or the Rhode Island Technical Assistance Project at Rhode Island College at 456-4600.

Q: Do School Based Health Centers (SBHCs) in Rhode Island need to be HIPAA compliant?

A: Yes, HIPAA regulations apply to all SBHCs in Rhode Island because SBHCs are administered by covered entities and the records maintained in SBHCs are not considered FERPA records. All SBHCs in Rhode Island are operated independently and are not subject to FERPA because services are provided on a voluntary basis and SBHCs are not providing education or support services.

## PROTECTED HEALTH INFORMATION (PHI)

Q: What is protected health information?

A: Protected Health Information includes individually identifiable health information (with limited exceptions) in any form, including information transmitted in oral, written or electronic form by covered entities or their business associates. PHI excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act (FERPA), as amended, 20 USC

PHI is the coupling of an individual's health information with individual identifiers. Individual identifiers include:

<i>Name</i>	<i>E-mail address</i>
Address/zip code	Health Plan Subscriber Number
Social Security Number	(Recipient ID number)
Driver's License Number	Vehicle Identification Number (VIN)
Credit Card Number	Device Identifier Numbers (e.g. wheelchair)
Dates (birth, treatment)	Web Universal Resource Locator (URL)
Names of relatives	Internet Protocol Address
Name of employer	Finger or voiceprints
Telephone number	Photographic images
Fax number	any other unique identifier or code

Q: What do the Privacy regulations protect health information from?

A: The regulations put parameters on the release of protected health information by covered/hybrid entities.

Q: Under what circumstances can a covered/hybrid entity disclose protected health information?

A: Covered/hybrid entities may disclose protected health information about the individual to the individual upon request as well as to other entities when authorized to do so by the individual. Covered/hybrid entities may disclose PHI under circumstances known as treatment, payment and other health care operations (TPO), without the authorization of the individual, and for executive (Presidential) and national emergency considerations.

Q: What is "treatment"?

A: Treatment generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Q: What is "payment"?

A: Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and

provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

Q: What is considered “health care operations”?

A: These are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business. These are listed at 45 CFR 164.501 and include:

- Conducting quality assessment and improvement activities
- Training, accreditation, certification, licensing, or credentialing activities
- Conducting or arranging for medical review, legal, and auditing services
- Business management and general administrative activities
  - Activities related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules
  - Customer service
  - Resolution of internal grievances
  - Creating de-identified information

Q: What information *is not covered* under the Privacy Rule protections?

A: The following information *is not covered* under the HIPAA Privacy Regulations:

- (1) De-identified information
- (2) Employment records
- (3) FERPA records

Q: Under what circumstances can protected health information be shared *without* authorization?

A: Authorization for the release of PHI *is not* required under the following:

- (1) To the individual (or personal representative)
- (2) For treatment, payment, and health care operations (TPO)
  - Health Plans can contact their enrollees
  - Providers can talk to their patients
  - Providers can talk to other providers of medical services about shared patients
  - To carry out essential health care functions
- (3) Limited data set
  - For research, public health, health care operations purposes
  - Direct identifiers must be removed
  - Allows zip codes and dates
- (4) Opportunity to agree or object
  - Facility directories (name, location, general condition, clergy-religious affiliation)
  - To persons involved in care or payment for care and notification purposes
    - Friends or family members can pick up prescriptions
    - Hospitals can notify family members of patient’s condition
    - Covered entities can notify disaster relief agencies

## **Individual Rights and Disclosure of PHI**

**Q:** What are individual's rights under HIPAA privacy regulations?

**A:** Individuals have the right to:

- A written notice of privacy practices (NPP) from covered entities
- Inspect and obtain a copy of their PHI
- Amend their records
- Request restriction on uses and disclosures
- Accommodation of reasonable communication requests
- Complain to the covered entity and to HHS

**Q:** Are hospitals able to inform the clergy about parishioners in the hospital?

**A.** Yes, the HIPAA Privacy Rule allows this communication to occur, as long as the patient has been informed of this use and disclosure, and does not object. The hospital or other covered health care provider may maintain the following information about an individual in a directory and share this information with the clergy:

- Individual's name
- Location in the facility
- Health condition expressed in general terms
- Religious affiliation

**B.** Directory information, except for religious affiliation, may be disclosed only to other persons who ask for the individual by name.

**Q:** Under what conditions may a health care provider use, disclose, or request an entire medical record?

**A.** The Privacy Rule does not prohibit the use, disclosure, or request of an entire medical record; and a covered entity may use, disclose, or request an entire medical record without a case-by-case justification, if the covered entity has documented in its policies and procedures that the entire medical record is the amount reasonably necessary for certain identified purposes. No justification is needed in those instances where the minimum necessary standard does not apply, such as disclosures to or requests by a health care provider for treatment purposes or disclosures to the individual who is the subject of the protected health information.

**Q: When are authorizations required?**

**A:** Authorizations are required for uses and disclosures not otherwise permitted or required by the Rule. Generally, an entity cannot condition treatment, payment, eligibility, or enrollment on an authorization. However, if eligibility for Federal or State healthcare coverage (Medicare/Medicaid) requires documentation of disability or financial condition and this information is not granted, then coverage *can* be denied because eligibility for

program determination cannot be made. Authorization must contain core elements & required statements, including an expiration date or event and a statement that authorization is revocable.

Q: What rule applies to the amount of information requested?

A: There is a “Minimum Necessary” standard in HIPAA that requires covered entities make reasonable efforts to limit the use or disclosure of, and requests for, PHI to the minimum amount necessary to accomplish intended purpose.

Q: Are there exceptions to the Minimum Necessary Standard?

A: Yes, the exceptions to the Minimum Necessary standard include: disclosures to or requests by providers for treatment; disclosures to the individual; uses/disclosures with an authorization; uses/disclosures required for HIPAA standard transaction; disclosures to HHS/OCR for enforcement; and uses/disclosures required by law.

## KEY DEFINITIONS

Q: What is a Business Associate?

A: A person or organization that performs a function or activity on behalf of a covered entity, but is not part of the covered entity's workforce. The definition includes agents, contractors, or others hired to do work of or for a covered entity that requires use or disclosure of protected health information. A business associate can also be a covered entity in its own right. [Also, see Part II, 45 CFR 160.103.]

The covered entity must require satisfactory assurance-usually a contract-that a business associate will safeguard protected health information and limit the use and disclosure of protected health information.

Contracts between an LEA and a billing company should include a confidentiality clause addressing the information being shared with the contractor and the use of this information by the contractor.

Q: What are the Centers for Medicare and Medicaid Services (CMS)?

A: CMS is the Health and Human Services (HHS) agency responsible for Medicare and parts of Medicaid. CMS is responsible for oversight of HIPAA administrative simplification transaction and code sets, health identifiers, and security standards.

Q: What is Code Set:

A: Under HIPAA, this is any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. This includes both the codes and their descriptions. Also, see Part II, 45 CFR 162.103.

Q: What is a Covered Entity?

A: Under HIPAA, a covered entity is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. To determine if you are a covered entity, go to the HIPAA website at [www.cms.hhs.gov/hipaa](http://www.cms.hhs.gov/hipaa). To access the "Covered Entity Tool", click "Administrative Simplification, scroll down to "General Information" and click "Covered Entity Decision Tools".

Q: What is a Hybrid Entity?

A: A hybrid entity is a covered entity that also does non-covered functions, whose covered functions are not its primary functions. [This would include LEAs.] Most of the requirements of the Privacy Rule apply to the health care components of the entity and not to the parts of the entity that do not engage in covered functions.

Q: What is a Health Care Provider?

A: A health care provider is a provider of services, a provider of medical or health services, and any other person or organization that furnishes, bills, or is paid for health care in the normal course of business.

Q: What is a Health Care Clearinghouse?

A: A health care clearinghouse is a public or private entity that does either of the following (Entities, including but not limited to, billing services, repricing companies, community health



management information systems or community health information systems, and “value-added” networks and switches are health care clearinghouses if they perform these functions): 1) Processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; 2) Receives a standard transaction from another entity and processes or facilitates the processing of information into nonstandard format or nonstandard data content for a receiving entity.

Q: What is considered “health care operations”?

A: These are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business. These are listed at 45 CFR 164.501 and include:

- Conducting quality assessment and improvement activities
- Training, accreditation, certification, licensing, or credentialing activities
- Conducting or arranging for medical review, legal, and auditing services
- Business management and general administrative activities
  - Activities related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules
  - Customer service
  - Resolution of internal grievances
  - Creating de-identified information

Q: What is Health Information?

A: Health Information means any information whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Q: What is the Health Insurance Portability and Accountability Act (HIPAA) of 1996?

A: HIPAA is a Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, K2 or Public Law 104-191.

Q: What is the Office of Civil Rights (OCR)?

A: OCR is an office that is part of Federal Department of Health and Human Services. Its HIPAA responsibilities include oversight of the privacy requirements.

Q: What is “payment”?

A: Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and

provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

Q: What is protected health information (PHI)?

A: PHI includes individually identifiable health information (with limited exceptions) in any form, including information transmitted orally, or in written or electronic form by covered entities or their business associates. Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USC 1232g; (ii) Records described at 20 USC 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer.

Q: What is a Small Health Plan or Small Providers?

A: Under HIPAA, a small health plan or small provider is one with annual receipts of \$5 million or less. Small providers have been given one-year extensions to implement HIPAA components, e.g. code sets, privacy regulations, security regulations.

Q: What is Privacy?

A: Privacy is defined as controlling who is authorized to access information (the right of individuals to keep information about themselves being disclosed).

Q: What is Security?

A: Security is defined as the ability to control access and protect information from accidental or intentional disclosure to unauthorized persons and from alteration, destruction or loss.

Q: What are the HIPAA Security Standards?

A: The HIPAA Security Standards stipulate that health insurers, certain health care providers and health care clearinghouses must establish procedures and mechanisms to protect the confidentiality, integrity and availability of electronic protected health information. The rule requires covered entities to implement administrative, physical and technical safeguards to protect electronic protected health information in their care. The security standards work in concert with the final privacy standards adopted by HHS in 2002 and the privacy standards are scheduled to take effect for most covered entities April 14, 2003, small health plans have an additional year to comply. The two sets of standards use many of the same terms and definitions in order to make it easier for covered entities to comply. Covered entities (except small health plans) must comply with the security standards by April 21, 2005, small health plans have an additional year to comply.

Q: What is a Trading Partner Electronic Data Interchange-EDI Agreement?

A: A Trading Partner EDI Agreement is an agreement between a covered/hybrid entity, including billing companies, and EDS and the DHS in order to exchange electronic data. Copies of this form can be accessed through the DHS web site at <http://www.dhs.gov/dhs/hipaa/hEDI.htm>

Q: What is “treatment”?

A: Treatment generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

## **ADDENDUM M:**

### **Acronyms Used**

**ADL:** Activities of Daily Living  
**AT:** Assistive Technology  
**CEDARR:** Comprehensive Evaluation Diagnosis Assessment Referral and Re-evaluation  
**CIS:** Children's Intensive Services  
**CMS:** Center for Medicare and Medicaid Services  
**COTA:** Certified Occupational Therapy Assistant  
**CSHCN:** Children with Special Health Care Needs  
**DHS:** Department of Human Services  
**DCYF:** Department of Children, Youth & Families  
**EDI:** Electronic Data Interchange  
**EDS:** Electronic Data Systems  
**EPSDT:** Early and Periodic Screening Diagnosis and Treatment  
**FERPA:** Family Educational Rights and Privacy Act  
**HBTS:** Home Based Therapeutic Services  
**HIPAA:** Health Insurance Portability and Accountability Act  
**IDEA:** Individuals with Disabilities Education Act  
**IEP:** Individualized Education Program  
**JCAHO:** Joint Commission on Accreditation of Healthcare Organizations  
**LEA:** Local Education Agency  
**MA:** Medical Assistance  
**MHRH:** Mental Health Retardation and Hospitals  
**OT:** Occupational Therapy  
**PASS:** Personal Assistance Services & Supports  
**PHI:** Protected Health Information  
**PT:** Physical Therapy  
**PTA:** Physical Therapy Assistant  
**RA:** Remittance Advice  
**REVS:** Recipient Eligibility Verification System  
**RIDE:** Rhode Island Department of Elementary and Secondary Education  
**RIGL:** Rhode Island General Law  
**SHL:** Speech, Hearing and Language  
**SLP:** Speech and Language Pathologist  
**SSA:** Social Security Administration  
**SSI:** Supplemental Security Income  
**TCYC:** Therapeutic Child & Youth Care  
**TPA:** Trading Partner Agreement  
**TPL:** Third Party Liability